

**COSMETIC MANUFACTURING REGISTRATION APPLICATION****PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED***See page 2 for instructions.*
☐ NEW APPLICANT    ☐ RENEWAL APPLICANT    ☐ RELOCATION    ☐ OWNERSHIP CHANGE    ☐ OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)		
2. DBA (List additional DBA's on separate sheet if necessary.)			10. Facility Telephone Number (     )		11. Facility FAX Number (     )
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number (     )		13. E-mail Address
4. Facility Address (continued)			14. Correspondent (name and title)		
5. City	State	ZIP Code	15. Correspondent Telephone Number (     )		16. Correspondent FAX Number (     )
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)		18. FDA CFN or FEI Number
7. Mailing Address (continued)			19. Website (URL)		
8. City	State	ZIP Code	20. Interstate Commerce (Check all that apply.) <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A		
21. Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Limited Liability Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____					
22. Corporate Name (if applicable)			State of Incorporation		
23. Owners' or Officers' Names and Titles			Owners' or Officers' Names and Titles		
24. Size of Facility (square feet)			25. Number of Employees at this Facility		

26. Products manufactured at this location (check **all** that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Acne products<br><input type="checkbox"/> Antiperspirants<br><input type="checkbox"/> Bath products, i.e., salts, oils<br><input type="checkbox"/> Color cosmetics, i.e., eye brow pencils, eyeliners, lipsticks, Halloween makeup<br><input type="checkbox"/> Deodorants, i.e., underarm, vaginal<br><input type="checkbox"/> Depilatories<br><input type="checkbox"/> Eye area products, i.e., products designed exclusively for sensitive eye area<br><input type="checkbox"/> Facial masks<br><input type="checkbox"/> Fingernail preparations, i.e., polish, remover, artificial nails | <input type="checkbox"/> Hair care, i.e., shampoo, conditioner, coloring agents, relaxers<br><input type="checkbox"/> Lubricants, i.e., personal, sexual, massage oil<br><input type="checkbox"/> Oral products, i.e., mouthwash, toothpaste<br><input type="checkbox"/> Perfumes/ colognes<br><input type="checkbox"/> Skin bleaching, i.e., skin lighteners, age-spot removers<br><input type="checkbox"/> Shaving creams<br><input type="checkbox"/> Sunscreens, i.e., any products claiming SPF<br><input type="checkbox"/> Topical dry skin care, i.e., press powders, talc, dusting powder<br><input type="checkbox"/> Topical liquid skin care, i.e., moisturizer, toner, astringent<br><input type="checkbox"/> Wrinkle creams<br><input type="checkbox"/> Other (specify): _____ |
|--|---|

**REGISTRATION FEE: \$470.45****MAKE CHECKS PAYABLE TO: DEPARTMENT OF HEALTH SERVICES***See page 2 for mailing address.***The Food and Drug Branch MUST BE NOTIFIED of any change in the application information as provided by CA Health and Safety Code, §111805.****By signature, I declare under penalty of perjury that all information provided herein is true and correct.**

27. Signature		Date
Print Name		Title

**PLEASE DO NOT WRITE BELOW THIS LINE.**

Registration Number	Expiration Date	Date Received	Payment Type	Amount
				\$

## New and Renewal Cosmetic Manufacturing Registration Application Instructions

A separate application is required for each place of business. Please complete and/or amend this application as is most appropriate to your facility. Include the appropriate fee for each application as indicated and payable to: DEPARTMENT OF HEALTH SERVICES. This fee must accompany this application or the application cannot be processed. Unsigned or incomplete applications cannot be processed. The following are further instructions on how to complete this application:

**New Applicant/Renewal Applicant:** Place an (X) in the box next to New Applicant if your firm has not previously applied for a Cosmetic Manufacturing Registration at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Cosmetic Manufacturing Registration for this location, and you are renewing that registration. If your firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for registration.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.–5. **Facility Address:** Enter the street, city, state, and ZIP code for this facility location.
- 6.–8. **Mailing Address:** Enter full mailing address if different from the facility address.
9. **Facility Operator:** Enter the full name of the person who manages the operations at this facility and their title.
10. **Facility Telephone Number:** Enter daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter facility FAX number.
12. **24 Hour Emergency Telephone Number:** Enter telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **FDA CFN or FEI:** Enter your US Food and Drug Administration Central File Number or Federal Establishment ID if known.
19. **Website:** Enter the website address for your business if applicable.
20. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
21. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
22. **Corporate Name:** Enter corporate name if applicable.
23. **Owners' or Officers' Names:** List the business owners' or officers' names and titles.
24. **Size of Facility:** Indicate the most appropriate size (in square feet) at this manufacturing facility.
25. **Number of Employees at this Facility:** Enter the number of employees at this facility.
26. **Products Manufactured:** Place an (X) in the box adjacent to each product area box that applies to the cosmetic manufactured or to be manufactured. Use additional sheets if necessary.
27. **Sign the application, print your name, print your title, and enter the date.**

MAKE CHECKS PAYABLE TO: **DEPARTMENT OF HEALTH SERVICES**

MAIL APPLICATION AND CHECK TO: California Department of Health Services  
Accounting Section/Cashiers  
1501 Capitol Avenue, MS 1101  
P.O. Box 997415  
Sacramento, CA 95899-7415

If you have any further questions, please contact the Food and Drug Branch, License Desk for Cosmetic Registration, or visit our web site at: <http://www.dhs.ca.gov/fdb/>.

**The Food and Drug Branch MUST BE NOTIFIED of any change in the application information as provided by California Health and Safety Code, Section 111805.**